REC'D FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1776

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-Day in Hosp.
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 812 N. 4th, St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Ernest Butcher
3. (b) If veteran, name war — S.S. 500-07-9052
3. (c) Social Security No. None

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Butcher
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased ? (Month) ? (Day) 1885 (Year)

8. AGE: Years 56 | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business
MOTHER FATHER
12. Name John Butcher
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Amanda Forbes
15. Birthplace Carrollton, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Grant Butcher
(b) Address Wathena, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-'41 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kansas
18. (a) Signature of funeral director Graves Funeral Home
(b) Address 806 S. 17th.
19. (a) Feb 4-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1941 hour 1 minute # P.M.
21. I hereby certify that I attended the deceased from 12-31-'40, 19__, to 1-1-'41, 19__;
that I last saw him alive on 1-1-'41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Hypertrophy	Unk.
Due to Hypostatic Pneumonia	
Due to Abcess Lt. Kidney	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) DMD
Address St Joseph Mo ST JOSEPH Date signed 1-4-41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. V. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. 1776

Registration District No. 65- Primary Registration District No. 1001 Registrar's No. 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ernest Butcher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Negro
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 66 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Apr. 3, 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Heart Disease Duration
Due to Hypostatic Pneumonia Duration
Due to Abscess Rt Kidney Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 104
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature Chas W Kemp (M. D. or other) M.D.
Address [illegible] Date signed 4/4/41

SUPPLEMENTARY

S-1776